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ABSTRACT

Although the relationship between social support networks and mortality is well established, a tendency to define and measure support differently and a failure to identify when in the disease process social support has the greatest impact have caused studies concerned with this relationship to yield inconsistent results. This study was designed to assess the use of social supports by mature women of different ages and to describe the relationship between social supports and health. Healthy women (N=114) between the ages of 50 and 93 completed a questionnaire which solicited demographic information and information about past and present life style, health status, physical activity, health beliefs, and sources of social support. The results indicated that most respondents reported being physically active and in good health. Those who reported being in good health also reported using social supports more than did those in poor health. While family members were the most frequently reported sources of social support, use of social supports in general decreased with increasing age. Regardless of perceived health status, the percent of women living alone increased with age. This tendency to live alone with increasing age, together with the decrease in use of social supports, may suggest an increased desire for independence or a manifestation of the influence of adaptation level. (NB)

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A Descriptive Analysis of the Relationship between Social Support Networks and Health Status in Females Aged 50-93

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INTRODUCTION AND PURPOSE

The relationship between social support networks and mortality is well established; there is "a consistent pattern of increased mortality rates associated with each decrease in social connection" (Berkman, 1984, p. 416). Blazer (1982) found that among elderly residents of Durham County, N.C., the best predictor of mortality risk was "perceived" social support, a subjective assessment of the adequacy of support.

Studies concerned with the relationship between social support and morbidity have yielded inconsistent results for several reasons: (a) most define and measure social support in different ways, and (b) most fail to identify the point in the disease process where social support networks have the greatest impact (e.g. disease incidence, recovery, or case fatality).

The purpose of this study was (1) to assess the use of social supports by mature females of different ages and (2) to describe the relationship between social supports and health.

METHODS

Subjects. Since disease may hamper an individual's ability or desire to maintain social ties, this study focused on the"well" or healthy elderly. One hundred fourteen volunteers ranging in age from 50 - 93 participated in the study. The distribution of subjects by age categories was:

AGE	SUBJECTS
50 - 64	23
65 - 74	35
75+	56

Participants were members of a senior citizens group at a local church, residents of a high-rise apartment facility for the elderly, and members of the faculty and staff of the University of South Carolina. All participants were free of any severe sensory or motor impairment, were physically mobile, and generally free from serious disease, and were living independently.

Instrumentation. Participants completed a 59-item questionnaire which solicited demographic information as well as information about past and present life style, health status, physical activity, health beliefs, and sources of social support. The questionnaires were returned in self-addressed, pre-stamped envelopes to maximize rate of return. Of the 155 questionnaires distributed, 114 were returned. This represents a rate of return of 73.5%.

Social support was measured in two ways: (1) living situation (do you live alone or with someone) and (2) the composition of the support network (family, friends, work colleagues). Health was assessed in two ways: (1) a self-rating of health compared to others in the same age cohort and (2) a self-rating of physical activity compared to others in the same age cohort.

Data Analysis. Data are reported in percentages as a function of age. Only descriptive data are presented.

RESULTS

Since no formal statistical analysis was performed, the following standard for interpreting differences was set: differences in percentages were considered to be meaningful only if the difference was 10 percentage points or more.

Use of Social Supports. For all the women in the study who reported using social supports, family members were the most frequently used element in the social support network (Figure 1). While use of family members remains high at all ages, there was a notable decrease from the youngest group (in which 78% reported using family members for support) and the oldest group (only 67% used the family as a source of social support). A similar pattern was evident in the use of friends as social supports (61% at ages 50-64; 43% at ages 75+) and work colleagues (22% at ages 50-64; 4% at ages 75+). Use of social supports in general decreased with age.

Perceived Health and Living Situation*. Of those women who reported good health, 40% of 50-64 year olds lived alone; 73% of 65-74 year olds lived alone, and 80% of women 75+ years old lived alone (Figure 2). One hundred percent of women aged 50-64 and 65-74 years of who reported poor health lived alone; none lived with someone. Eighty percent of 75+ year olds who reported poor health lived alone; 20% lived with someone.

Perceived Health and Sources of Social Support*. Among those women who reported good health, the use of family for support remained high across all age groups (Figure 3). Seventy-eight percent of women 50-64 years of age used family as a source of social support; 79% of women aged 65-74 years used

* Very small numbers of respondents reported poor health.

family; and 70% of women aged 75+ years used family for support. Use of friends as a source of social support for those who reported good health remained high for women aged 50-64 years (64% used friends) and women aged 65-74 years (62%); this figure decreased for women 75+ years of age (where 48% used friends). The same pattern was evident in the use of work colleagues as a source of social support: 23% of women 50-64 years of age relied on work colleagues; 17% of women 65-74 years of age relied on work colleagues; and only 4% of women 75+ years of age relied on work colleagues.

None of the women aged 50-64 who reported poor health used any sources of social support. Among women aged 65-74 years who reported poor health, 33% used family for support and 33% used friends; none used work colleagues. Among women 75+ years of age who reported poor health, 50% used family as a source of social support and 13% used friends; none used work colleagues as a source of support.

Physical Activity and Living Situation**. Of 50-64 year old women who reported that they were physically active, 44% lived alone and 56% lived with someone (Figure 4). Sixty-two percent of 65-74 year olds who reported that they were physically active lived alone; 36% lived with someone. Of 75+ year old women who were physically active, 60% lived alone and 40% lived with someone.

Of 50-64 year old women who reported that they were inactive, 20% lived alone and 80% lived with someone. Seventy-one percent of inactive women 65-74 years old lived alone; 27% lived with someone. Of 75+ year old women who were inactive, 80% lived alone and 20% lived with someone.

Physical Activity and Sources of Social Support**. Comparable percentages of physically active women in each of the three age groups reported relying on family as a source of social support (78%, 74%, 69%) (Figure 5). Smaller but comparable percentages at all ages reported that they relied on friends as a source of social support (61%, 56%, 51%). Very small percentages of women who reported that they were physically active relied on work colleagues as a source of social support at any age (22%, 19%, 6%).

Among inactive women, the family remained the most often used source of social support. The percentage of women using the family as a social support decreased with age (80%, 71%, 67%). For women who reported themselves to be inactive, the use of friends as a source of social support varied widely across the three age groups (60%, 71%, 25%). Only 20% of the youngest group of inactive women reported using work colleagues as a source of social support. Work colleagues were not used at all by older inactive women.

** Very small numbers of respondents reported themselves as inactive.

DISCUSSION

Most respondents (approximately 75%) reported themselves as being physically active. This was true for all ages. Seventy-six percent of 50-64 year olds, 81% of 65-74 year olds, 76% of 75+ year olds reported that they were physically active.

Most respondents reported good health. This, also, was true for all ages. Ninety-five percent of 50-64 year olds, 84% of 65-74 year olds, and 89% of 75+ year olds reported having good health. This finding is consistent with an earlier report that less than 25% of those over 65 years of age report having a serious health problem, even though they believe that most other people their age have such a problem (National Council on Aging, 1976). Self-rated health has been found to be more strongly indicative of subjective well-being than is physician-rated health (Okun and George, 1984).

The finding that persons who reported good health tended to use social supports more suggests that there may be an important link between good health and use of social supports. However, neither the exact nature nor the cause for this relationship can be determined from the present data. It is possible that diminished health may interfere with an individual's ability or desire to maintain previously established social ties.

The use of friends as social support by the 75+ year olds was much less among inactive women (25%) than among active women (67%). It may be that the inactive women had fewer friends to rely on because their inactivity itself diminished opportunities for interaction with others in the same age cohort, thus reducing the availability of friends to serve as social supports. Conversely, having fewer friends with whom to interact may have led to

diminished activity.

The finding of decreased use of social supports with increasing age may be related to a decreased availability of family and close friends due to losses through death or relocation. Regardless of perceived health status, the percent of women living alone increased with age. (The only exception was the oldest age group who reported poor health; in this group more women lived with someone). This tendency to live alone with increasing age, coupled with the decrease in use of social supports, may be an indication of an increased desire for independence or a manifestation of the influence of adaptation level. Okun and Stock (1987) note that the elderly adapt to lower levels of social interaction without suffering any permanent loss of social well-being.

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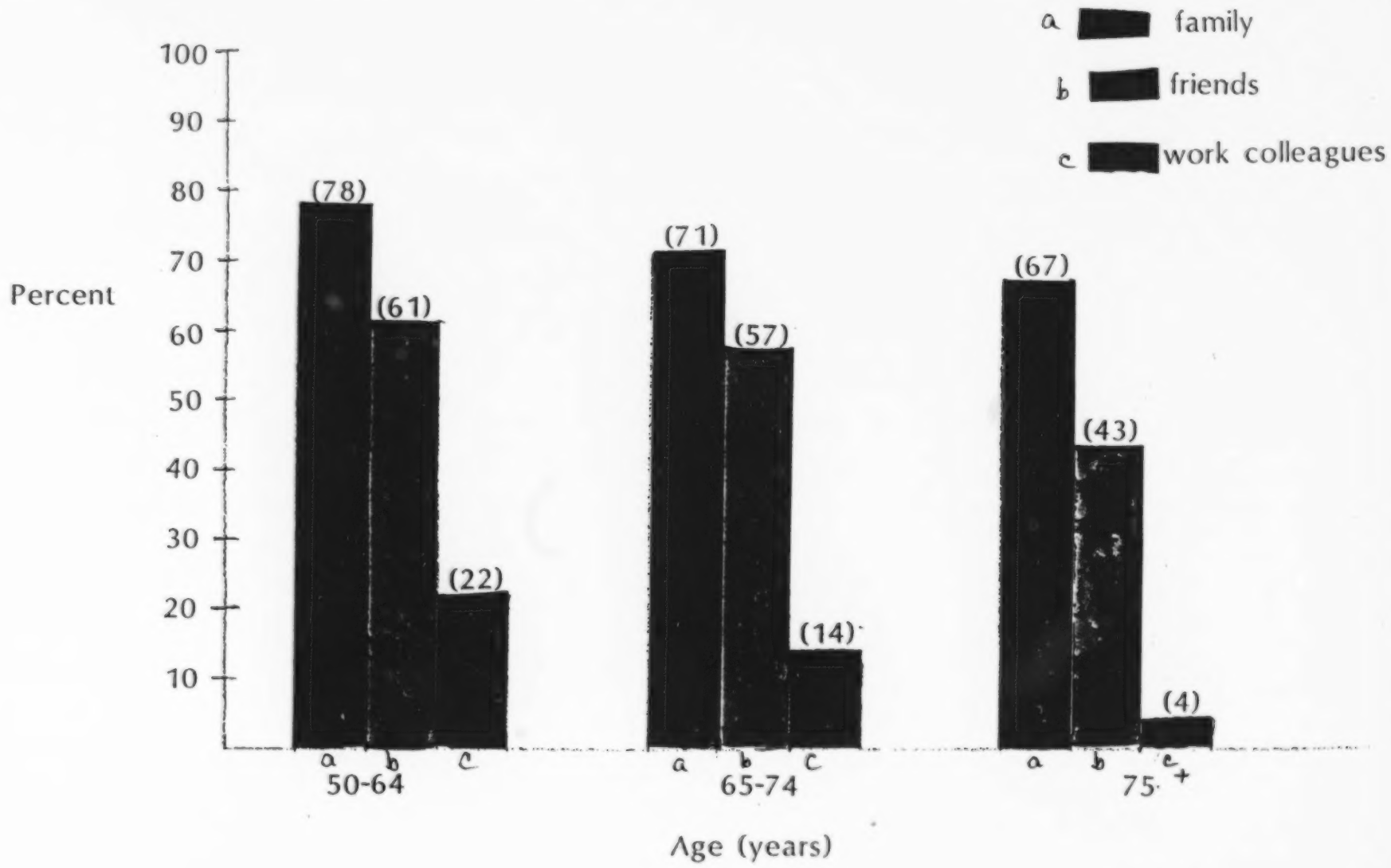


Figure 1. Percent of Respondents Reporting Use of Social Supports as a Function of Age

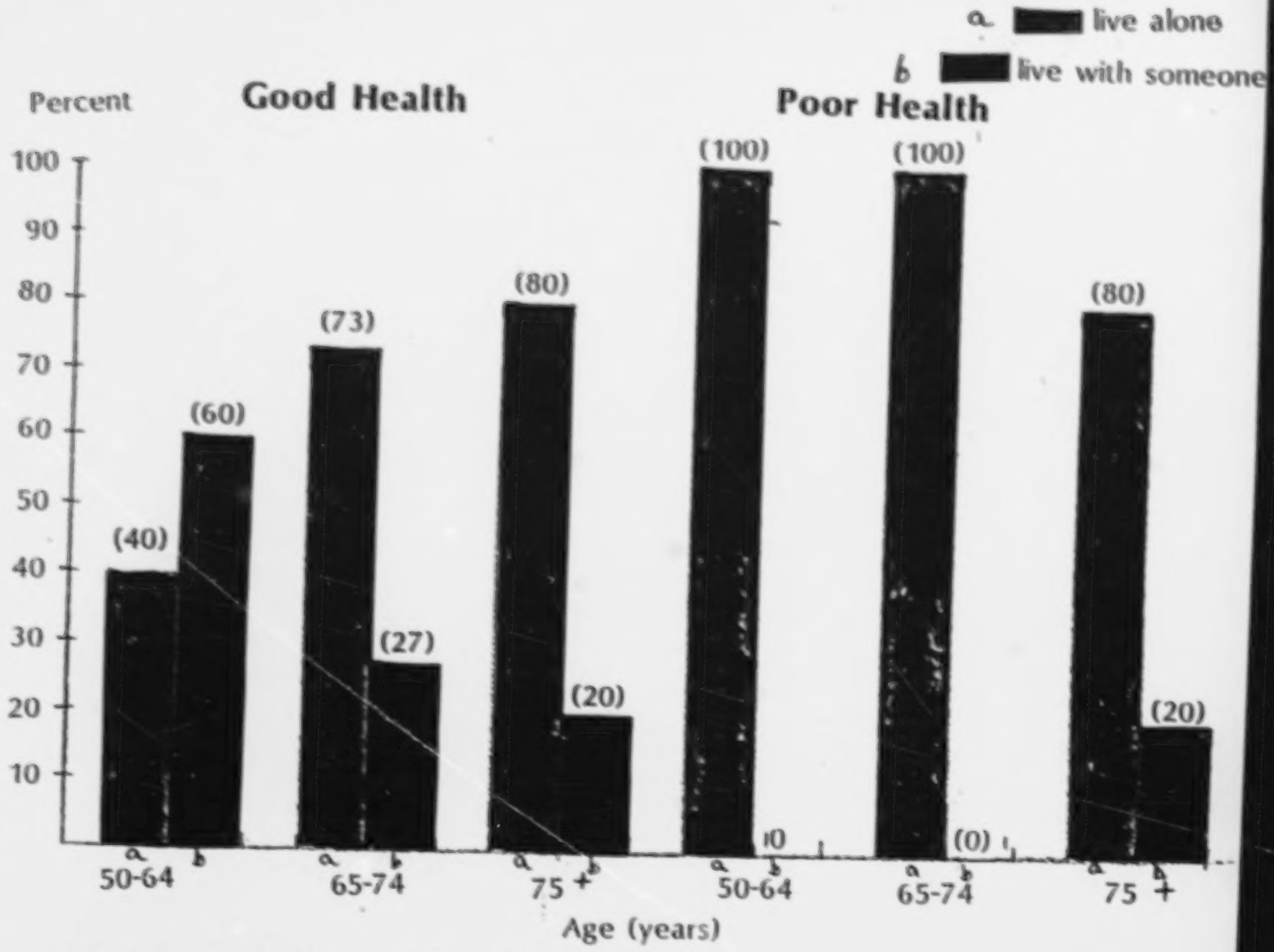
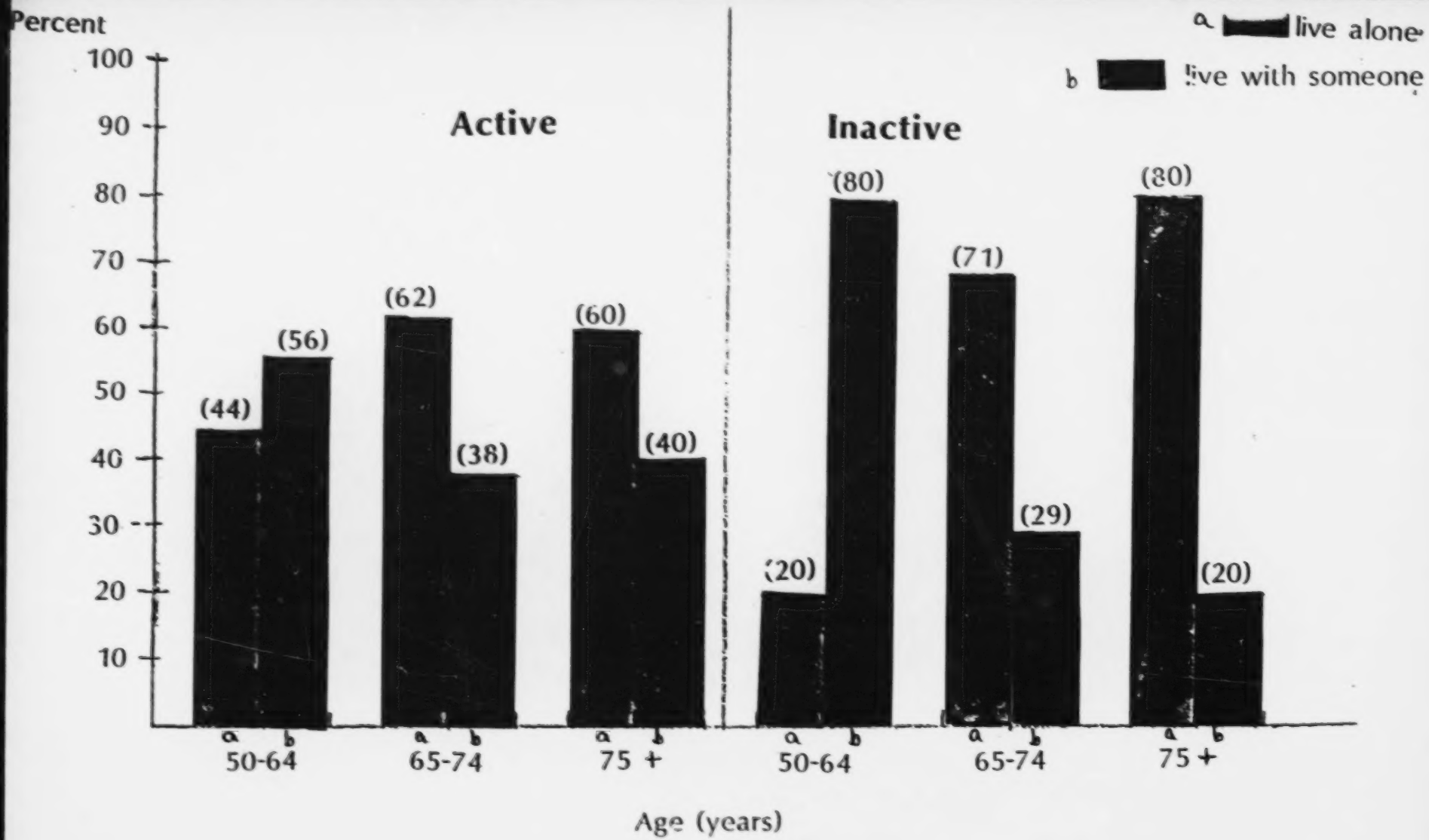


Figure 2. Perceived Health and Living Situation as a Function of Age (Percent of Respondents)

Figure 3. Perceived Health and Sources of Social Support as a Function of Age (Percent of Respondents)



16 **Figure 4. Physical Activity and Living Situation as a Function of Age (Percent of Respondents)**

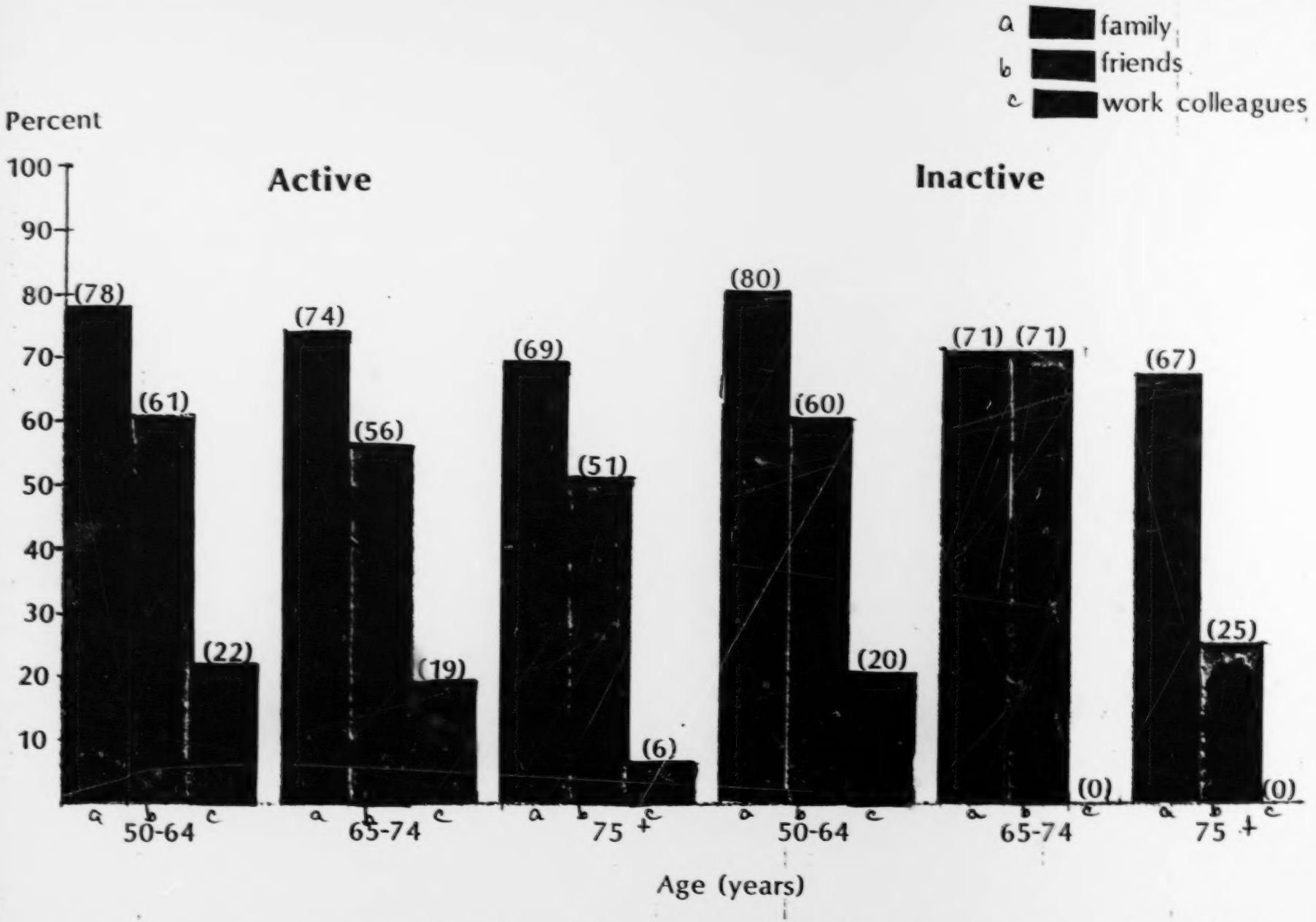


Figure 5. Physical Activity and Sources of Social Support as a Function of Age (Percent of Respondents)